

# ***HEALTH & HUMAN SERVICES COMMITTEE***

***of the***

***Suffolk County Legislature***

## **Minutes**

A regular meeting of the Health & Human Services Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, Veterans Memorial Highway, Hauppauge, New York, on February 2, 2006.

### **Members Present:**

Legislator Eli Mystal • Chairman  
Legislator Steve Stern • Vice•Chair  
Legislator Jack Eddington  
Legislator Edward Romaine  
Legislator John Kennedy

### **Also in Attendance:**

Legislator William Lindsay • Presiding Officer/District #8  
Legislator Cameron Alden • District #10  
George Nolan • Counsel to the Legislature  
Tim Laube • Clerk/Suffolk County Legislature  
Renee Ortiz • Chief Deputy Clerk/Suffolk County Legislature  
John Ortiz • Senior Budget Analyst/Budget Review Office  
Diane Dono • Budget Analyst/Budget Review Office  
Fran Siems • Aide to Presiding Officer Lindsay  
Debbie Harris • Aide to Legislator Stern  
Linda Bay • Aide to Minority Caucus  
Ben Zwirn • Assistant County Executive  
James Dahrough • County Executive Assistant  
Brian Beedenbender • County Executive Assistant  
Basis Braddish • County Attorney's Office  
Janet DeMarzo • Commissioner/Department of Social Services

Ed Hernandez • Deputy Commissioner/Department of Social Services  
Traci Barnes • Department of Social Services  
Linda O'Donohoe • Assistant to the Commissioner/Dept of Social Services  
Bob Chieffo • Administrator•Client Benefits Division/DSS  
Nancy Woessner • Client Benefits Division/Dept of Social Services  
Terry Pace • Director of Information Management/Dept of Social Services  
Roger Barbaro • Director of Housing & Adult Services/DSS  
Pat Clark • Director of Finance Division/DSS  
Denis Nowak • Community Relations/Department of Social Services  
Paula Grant • Child Support Enforcement Bureau/DSS  
John DeLarosa • Child Protective Services/DSS.  
Al Seitelman • Medicaid Division/Dept of Social Services  
Vicki Mo • Family & Children Services/Dept of Social Services  
Saba Mchunguzi • Assistant to the Commissioner/Dept of Health Services  
Len Marchese • Director of Management & Research/DHS  
Jan Moore • Director of Health Administration/DHS  
Vito Minei • Director•Environmental Quality/DHS  
Dr. Jeanie Alicandro • Director•Emergency Medical Services/DHS  
Steven Moll • Island Public Affairs  
Mike Stoltz • SC Coalition of Mental Health Service Providers  
Diane Schmidt • Public Health Nursing  
Cheryl Felice • President/AME  
Lydia Sabosto • 1st Vice•President/AME  
Jim McNaught • 4th Vice•President/AME  
Sondra Palmer•Randall • Secretary/AME  
Sandy Sullivan • Legislative Director/AME  
Richard Koubek • Catholic Charities  
Mary Allen • Director/Gerald Ryan Outreach Center  
Guy Cassara • Regional EMS Council  
Ed Stapleton • Stony Brook University/Regional EMS Council  
All Other Interested Parties

**Minutes Taken By:**

Alison Mahoney • Court Stenographer

**(\*The meeting was called to order at 12:52 P.M.\*)**

We are starting the Health and Human Services Committee as of right now. Could you please rise so we can have a Pledge of Allegiance started by Mr. Stern

### ***Salutation***

Thank you very much. If everyone can be seated. We are going to have •• the meeting is going to start right now. We have asked, would somebody please run somewhere back there and find Commissioner DeMarzo because she has a presentation. We are going to try to see if we can zip through this.

Before we start, I have been asked by Legislator Romaine to have the Commissioner of Health to be present; he is not here because he is up in Albany with the State Commission of Health, the Commissioner of Health for the State. He will not be able to be present, but Ms. Moore is here, when it comes time for the portion of Health Services we will call Ms. Moore to come and sit at the table.

Just right now we would like to invite •• we already did that, Janet, you missed it. Right now we have a presentation by Commissioner DeMarzo, so if you all would give her your attention. Welcome, Commissioner DeMarzo. How are you? How was your vacation? You look good. Let's start.

**COMMISSIONER DEMARZO:**

Good morning.

**MS. MAHONEY:**

Janet, the microphone.

**COMMISSIONER DEMARZO:**

Oh, the mike? I don't have one; is this like a sign?

**CHAIRMAN MYSTAL:**

That is on purpose.

## **COMMISSIONER DEMARZO:**

Good morning. Thank you for inviting me here today to speak to you about the Department of Social Services. I want to welcome the new Legislators and I want to welcome back the old Legislators and I look forward to a very productive year of in the Health and Human Services Committee. And to start the year, I thought it would be helpful if we just took I'm hoping no more than 15 minutes, there's no clock there so somebody tap me when I get there, to give you an overview of what the department does, to give you a flavor of what services we provide, what kind of •• what kind of role we play in the budget, what our staffing situation looks like. And I'm doing it, as I like to call it, from like the 30,000 foot view.

A lot of these programs have many subprograms underneath them and if we want to at a later point in the year really delve into permanency planning for foster care children or the Medicaid Long•Term Care Program, we would be more than willing to put presentations together for you, invite you in to meet with our staff for presentations, provide white papers for you at your leisure. But for today, all I really wanted to do was give you a sense of the Department of Social Services and the vastness of the services it provides.

I thought I'd start by talking about the functions of the department, what are the services we provide. Well, most agencies are defined by their mission and our mission here at the Department of Social Services is to accurately and efficiently provide benefits and services to the people of Suffolk County in a manner that promotes self•sufficiency, protects the vulnerable and that it's fair and responsive to the people we serve. I know that it is often difficult as an elected official to hold the line on taxes and balance the need to provide services to our residents; I believe that DSS is generally maintaining that balance and fulfilling it's core mission.

Although we don't think of the Department of Social Services as a human services provider, we're actually probably the largest in Suffolk County. We touch about 400,000 people a year, that's about one out of four people pass through our agency in one way or another and receive services, and often they're in crisis or in a situation of need or are very vulnerable.

The structure of our services are essentially mandated by the State and Federal government. We have some local administrative control, but the State and Federal government set our funding levels. There are three State agencies which will make it clear who we serve, also is the Office of Children and Family Services, the Office of Temporary Disability Assistance and the State Department of Health.

Essentially we have five programs areas, as well as several administrative support divisions, to help the department function.

I have asked my division administrators to join me here today so that you would have an opportunity to meet them and I would just like to ask them to stand, I will introduce them. I asked you to sit together; no. Paula Grant is the Director of Child Support Enforcement Bureau; Bob Chieffo, Client Benefits Administration; Terry Pace, Information Technology; Vicki Mo is the Family & Children Services Administrative Division; Al \\_Seidelman\\_ from Medicaid; and Roger Barbaro from Housing and Adult Services. Ed's too quiet to stand up, but Ed Hernandez, Deputy Commissioner, and this is Pat Clerk who does all the grinding of the numbers. So I think we're covered. We just •• you know, they will not be with me at every meeting, but I thought it was important that you really see the people that do the work every day and really make some of the tough decisions and make me look good.

Basically we're at eleven different locations throughout the County, we have about fifteen hundred •• about 1,400 employees, we're in five service centers, those are the places where people come to see us regularly. We have a center in Wyandanch, South Shore, Riverhead, Coram and ••

**MR. BARBARO:**

Smithtown.

**COMMISSIONER DEMARZO:**

And Smithtown; ooh, Smithtown, you guys know about that. We also have two major administrative buildings, one •• they're both very close to each other in Ronkonkoma, Family & Children and the Mary Gordon Building. We also have staff in the courthouses in Central Islip and Riverhead for Child Protective Services and Child Support.

I'm going to give you an overview of the department so that you see the five different divisions. And I would like to say that everybody always sees the department from the aspect they •• from their vantage point. Some people think that we're all about Medicaid, some people think we're all about welfare, some people think CPS is our prime responsibility; all of them are our responsibility. So I would like to give each of them just a little overview so you get a sense of what they are. Each of you have received the power point presentation, if you want to follow along there if that's a little distant for you to read, as well as the screen.

The first one I want to talk about is **Client Benefits**, because we all think about •• well, many of us think about DSS as the welfare center. You know, it's the •• it is the welfare center but it's not only that. DSS service centers are really the front door to providing critical needs to •• for meeting critical needs of our residents. We're responsible for ensuring that everybody has shelter, food and heat. From a historical perspective, this all used to be accomplished essentially with a once a month check, the check would come on the first of the month, then every year you would come and be reauthorized for services.

Some time in the beginning of the 90's we as a County, and then the State and Federal government, really decided that we needed to change that model and move towards employment and dealing with self•sufficiencies and overcoming barriers. So starting in the mid 90's, we've really been working with our population on their drug and alcohol problems, their mental illness, their lack of job experience and changing the program from an entitlement to an assistance program where we can move people to self•sufficiency. As a result of that, in 1993 we had 19,000 people receiving Public Assistance here in Suffolk County; today we have about 6,000, that's about 30 •• 3,600 of them are families or on the Family Assistance Program, about half of those are child•only cases, those are children whose parents are on SSI who are living with relatives or living with relatives. And then we have about 2,200 individuals, they're called singles or childless couples, who are receipt of Safety Net in New York •• in Suffolk County. So the numbers have really dropped as far as our over all caseload, but it hasn't dropped completely, it's morphed as I say.



We have gone to the model where we try to move people from the •• from welfare to self•sufficiency to employment, and as they get to employment, many of them are in a transitional state; that entry•level job is not going to meet all their needs. So the new system is that we give them food stamps, we do an Earned Income Tax Credit, we do child care support, we use the HEAP Program to really help fill some of those gaps. We as a department have seen significant growth in those supports.

We have about 4,000 child support subsidies that we do every year and only about 700 of those people are on Temporary Assistance, so we have like 3,300 working individuals that we support with child care. We have over 18,000 households that receive food stamps, they're not on Public Assistance but they receive food stamps. We'll spend a little time later on HEAP, but last year we authorized 22,000 HEAP benefits for over 17,000 households and not all these people are on Public Assistance. We work very hard for informational fairs throughout the County to try to make people take advantage of the Earned Income Tax Credit. So while welfare numbers aren't as high as they once were, we really are moving to a system where the caseload for Temporary Assistance isn't as high but the caseload in the other areas has grown very significantly; when you look back in the early 90's, the numbers do not compare.

The next unit I was going to highlight is **Housing & Adult Services**. Under State law, local Social Services districts are responsible for ensuring that all individuals have shelter. When someone presents as homeless, regardless of their capacity, their mental capacity, their disabled capacity, unfortunately •• fortunately we haven't had many sex offenders, but we're responsible. If you present we're there, families, singles. You know, we have families with eleven children, those are difficult to place, people with walkers, we're responsible for finding immediate shelter for them, and then we have some assistance towards helping them with permanent housing.

Last year we housed about 315 families and about 270 singles each and every night. Overall, it was about 1,370 individuals, 715 of them were children, so 52% of our overall homeless population are children under the age of 18. And although this is a troubling statistic, you should be aware

that we have done a lot in the last two years and that in 2003 we had 600 families in homeless status and over 190 of them in motels. So we as an agency really took an on an effort to develop shelter and linkage services and we've done a good job. We have hardly any families, usually no more than ten in a motel, no more than seven •• you know, ten singles in a motel. We have worked hard at developing our shelter system as an alternative and because of that, for our families we have been able to bring down the period of time in emergency housing from a high of 15 months in 2003 to seven months in 2005. Our support system is really assisting those individuals deal with the problems and secure housing.

We also have greatly expanded a homeless prevention unit. We find that often the most important thing is help somebody maintain their homes, so we work with landlords and tenants to try to work out problems to meet arrears in shelters, you know, when they get behind in rent. So we think that, you know, we have to be in there as a preventive action as well as to be in there when they actually become homeless and we've done a good job. And not to give •• to just mention that we also have Adult Protective Services there and that's where individuals who are physically or mentally impaired and in need of support services, it's a voluntary program for the adults unless they're found to be incapable of making that decision for themselves. We have 750 individuals that are in Adult Services caseload and we get about 137 new referrals each month in the APS area.

An area I know is near and dear to all of us is the Family and Children Services Division. And as its name implies, it works with families and children, very often in the most difficult of circumstances and in times of crisis. Caseworkers have to make decisions that can literally make the difference between life and death. We have been painfully reminded of this in the past few weeks with the recent death of Nixzmary Brown in New York City. Last year here in Suffolk County we received 8,984 CPS reports for investigations, that's about 750 new cases a month. Close to 3,000 of these cases or about 34% were indicated for some credible evidence of child abuse or neglect.

When a case is indicated, the department often provides ongoing services to assist the family. Our role is not only to protect children but also support



families; the average monthly caseload for child protective preventive services in 2005 was 1,157. For some of these cases and for some of our CPS investigations, we need to take custody, we need to act quickly to go to the court to get custody of the child and take them into foster care. We also take children into foster care because of illness, death or incarceration of a parent. At the end of December there were a total of 943 children under the care of the Department of Social Services out of •• in out•of•home settings. With the new permanency bill, we have been working hard to ensure timely decision making on permanency, whether a child is returning •• working for family reunification or adoption when family reunification is not possible. Last year we finalized 111 adoptions in Suffolk County.

The **Medicaid Unit**. You know, as I was preparing this, I just wanted to mention to the new Legislators, Medicaid will never be the same as it was last year, so you come in at a good time. Because Medicaid has been a really hot topic, it's grown significantly over the last couple of years. I mean, I found it amazing that in 2005, \$1.5 billion in State, Federal and local dollars were spent here in Suffolk County on Medicaid, and my finance staff likes to tell me that's \$4 million a day is spent in Suffolk County on Medicaid. So it is part of our economic development structure as well.

But last year was a great year for Medicaid. Last year the State finally responded to our battle cry for mandate relief and we have a cap on Medicaid. No longer are counties responsible for 25% of those costs. Our cost is essentially capped at the 2005 level, and I'll go over that a little bit more in the budget section because it is a significant impact on our budget. And it also makes it easier now, as Social Services Commissioner, to talk about Medicaid, because as I think I said in last year's budget hearing, Medicaid is good and bad from my perspective as the Social Services Commissioner. With the health care crisis in the New York •• in the country, it's good to know that 9% of the County's population is receiving Medicaid which means they have access to health care, they have coverage, they have access, that's over 132,000 individuals in Suffolk County that have access through Medicaid for health care services.

**Child Support Enforcement Bureau** always ends up at the end of my charts, but it's as important as any that I've just highlighted. They are

responsible for the collection and enforcement of child support, which is also a very important part of the Welfare Reform Act, making people responsible for their actions, getting support for people on Temporary Assistance. But it's also very important for those who just need government intervention and ensuring they receive the dollars that they're entitled to.

In 2005, the Child Support Unit had assisted 52,249 families in collecting over \$127 million in support benefits. About 8% were collected on behalf of people on Temporary Assistance, and the remaining 92% was collected on behalf of families who were not receiving any governmental subsidies.

The receipt of child support, as I said, really makes the difference for families moving off of Temporary Assistance. In 2005, we saw 354 Temporary Assistance clients maintain •• move to self•sufficiency as a result of child support enforcement. And over the last couple of years, we've also taken on establishing orders for medical coverage. I'm proud to say that over 47% of our court•ordered cases have medical orders associated with them.

I hope I haven't taken too much time to doing the brief highlight of the divisions. I would just like to take a few more minutes to talk about what really makes those services possible and that's the budget and the staffing.

One of the things that's very note worthy about our department is that most of our services are mandated, and as a result of that we also receive a high level of reimbursement for providing those services on behalf of the Federal and State government. Our 2006 Adopted Budget is over •• exceeds a half a billion dollars; it's about a third of the General Fund. The chart before you compares our '05 and '06 budget and I don't think there will be many times that I'll be able to tell you that my budget actually went down, but because of the Medicaid reform and the way they calculated the cap, we actually saw a decrease last year in both our expenditures and our revenues for a total decrease in our adopted budget; don't get used to that.

The next chart my budget office loves and for you who are young probably don't understand it, but it's their PacMan chart. Basically this shows that 77% •• as I keep saying, most of our services are mandated, 77% of what's

in the DSS budget is for mandated services and 23% are for discretionary expenses, and the next two charts break those two areas up for you. You'll see Medicaid leads the pack with 43% of the department's total expenditures, Family Assistance which is the big part of the welfare system is only 10%, Foster Care institutional placements are 8% and Safety Net is 7%, that's really for the singles. So where does our discretionary money go? Well, 14% of the overall budget is for personnel services. And as you know, there are no mandated personnel services, so even though many of these are from mandated services, the personnel services are 14% of the overall budget.

And then the next piece is day•care. While we receive a lot of funding for day•care, it is a discretionary funding, we don't need to accept those fundings, nobody mandates it. And then 3% is a lot of little stuff that we do.

The next chart, we like this chart, it shows you that we're really economical for you. It shows you the reimbursement rate. We're one of the highest reimbursed departments. Our range of reimbursement varies across programs, across staffing levels, basically about •• you know, our staff is reimbursed from 60 to 100%, most of our programs are reimbursed at that level. When you take out Medicaid which is the largest single expense and you put in the other revenues, our department receives about 87% reimbursement with Medicaid, you know, outside the equation.

I just thought I would take a second to kind of give you a highlight on the Medicaid Cap Law, it's quite complex. All I really want to say is that last year they said, "Okay, enough, counties. We're not going to ask you to keep up with the growth of the program, we're basically going to figure out how much you spent in 2005 for this program and we'll put a small little COLA on it, 3.5%, 3.25, you know, reducing it to 3% in 2008 growth factor." It's going to allow for much more stability in planning budget and will really allow us to look at the services that we need to provide in the County in a different way.

And of course, no presentation would be complete without recognizing the effort that the staff really does to make all this happen.

In 2006 there are •• the budget authorizes 1,533 positions in the Department of Social Services, and I've just laid out for you how they break across the different divisions. And then the next chart just shows how •• what positions were added in the 2006 budget, there were 44 new positions added in the 2006 budget.

And the last chart is going to get me mixed reactions from my division administrators. I thought this chart was really helpful, it gives you an historical perspective on the number of filled positions. As you know, there are authorized positions and then there are filled positions, they're not one in the same. So what we did here was we looked at the number of positions filled in the Department of Social Services between 2000 and 2005. And I know there's a lot of buzz going on in my department and I heard it when I went up to the Public Welfare Conference about the early retirement option included in the Governor's budget. Although an early retirement program is marvelous for those employees who retire, and many of my division administrators don't like me right now, from a management point of view, an early retirement program can be horrendous. For one thing, when there's a retirement incentive, all the staff leaves at pretty much the same time, you set a window and they walk out.

In 2002, that was by August 31st of 2002, and we saw, you know, a significant number of people leaving. You see the little dip there, both in '99 and 2002. If we have an early retirement incentive again, I am certain the effect on DSS will, once again, be difficult. Three hundred and three DSS employees are over 55 with at least ten years of service, which makes them likely candidates for retirement and the incentive; this represents 22% of our on-board staff. And although I know that pointing this out is not going to make me popular, I thought it was food for thought and that I would take this opportunity to share it with you.

That's my presentation. I'm not quite sure I met the 15 minute mark. I hope I gave you a flavor of the department and, you know, I would be more than willing to follow up with additional presentations at later meetings or have anybody visit any of the centers or meet with my staff to discuss a program of interest. And I want to thank you for this opportunity to let me brag about my department.

**CHAIRMAN MYSTAL:**

Thank you very much, Commissioner DeMarzo. We have a list of people who want to ask you some questions, so lace up your boots and here they come. I have Legislator Eddington, then Legislator Stern, Legislator Kennedy.

**COMMISSIONER DEMARZO:**

Oh, I just want to say •• I forgot to point out that I did include two other things in the package for you there, one is the Public Access Guide. And the other one is a number of Legislators had submitted questions, Legislator Romaine, Legislator Eddington and Legislator Kennedy, and I took the opportunity to •• I took the opportunity to have them written up so that we could have as much detailed for you as possible. You know, sometimes it's easier when you're sitting at your desk to pull the resources than when you're here.

**CHAIRMAN MYSTAL:**

So Legislator Eddington, you're on.

**LEG. EDDINGTON:**

Thank you. As you might know, I am a clinical and school social worker. I worked for 15 years, 16 years as a school social worker. And I'm going to be honest with you, I've had tremendous amounts of contacts with CPS specifically and I'm not happy. This has nothing to do with the workers because I think the personnel is outstanding, I've said clearly that the life expectancy of a CPS caseworker is less than a 2nd Lieutenant was in Vietnam, which was not very high unfortunately. And I do have a number of questions.

The service delivery system, and you may have answered them, I'm sorry I didn't get them before right now because I may not be •• but maybe I should ask them publicly anyway. Tell me about your service delivery system; I call New York State and then what happens?

**COMMISSIONER DEMARZO:**

I have written that up. And I don't you usually do this, but I'm going to ask



the Director of Family & Children Services to come forward; Vicki Mo. Vicki Mo has been with the department •• well, she doesn't like me to say how many years, but she started out as a caseworker in Child Protective Services, has been with the department for quite a while and is now the Division Administrator, so she has seen the evolution of Child Protective Services and really knows the day•to•day operations.

**LEG. EDDINGTON:**

Well, I understand, my wife has dealt with her many times and speaks very highly of her from Islip Schools.

**COMMISSIONER DEMARZO:**

So it's better, because she happens to be here today, to really hear it from her than to have me mangle some of the concepts that she has imparted to me.

**MS. MO:**

Good afternoon. Thank you very much for having this •• allowing us this opportunity to present information to you. And I think we are really at a very critical point in our •• is it on? Because as you are aware, with the media constantly focused on the New York City situation, there are certainly questions and concerns about how that reflects on Suffolk County.

I'm going to answer specifically your questions about process. Everything originates with a call to the State Central Register, that is a hotline, a child abuse hotline that is the responsibility of the New York State Office of Family & Children Services, they operate that hotline 24/7. Once they determine that the information presented to them rises to the level of a CPS report, they will electronically generate a report to the local district in which the child and family resides. Sometimes we will have split responsibility if a child lives in one district and the family or the subject of the report lives in another district, but overall the districts receive the information electronically via what is now known as the connection system and our local district also receives those reports 24/7. Once that report is received, we must initiate a substantial contact with the family within 24 hours.

**LEG. EDDINGTON:**

Could you define what a substantial contact is?

**MS. MO:**

In most instances, that means a face•to•face contact. There are instances where a telephone call may be sufficient in order to determine whether that child at that moment is safe, and an example of that ••

**LEG. EDDINGTON:**

Let me ask you a •• I have a question about that, because that's part of what I'm looking at. You determine that that's adequate, a call or a letter.

**MS. MO:**

Correct. It's never a letter.

**LEG. EDDINGTON:**

Okay.

**MS. MO:**

An example of where we might think a phone call would be sufficient is the child is in the hospital and the hospital has generated the report and we are able to contact personnel at that hospital to clarify the situation for that child and we can determine that that child is not leaving the hospital, that •• whatever other information we may get and that we would maybe see the child the next day, but it's not necessary to go out and try to do a face•to•face.

**LEG. EDDINGTON:**

So is there a procedural change? Because I know personally that when there were situations in the home and I had the child with me, that there was not enough CPS workers to go and a letter was sent home, to the home and the situation was the parent; the parent got the letter and it was the parent I was filing on. So you're saying that procedure is no longer in ••

**MS. MO:**

Well, the State does require us, there is a letter that is generated that notifies the subject of a report that a report has been received; that usually goes out within seven days, that does not go out immediately.

**LEG. EDDINGTON:**

So that a worker would have seen the person now before the letter.

**MS. MO:**

Hopefully that's the way it would work, yes. Now, there are ••

**LEG. EDDINGTON:**

See, the word hopefully is what really bothers me.

**MS. MO:**

Well, there are instances in which the parents do not make themselves available. We may have gone to the home, there's no one there. We may have gone repeatedly, we might have sent our Emergency Services worker out in the evening to see if we can find them. In some instances ••

**LEG. EDDINGTON:**

So do you see •• can you see that that could be a problem in itself? If the person that we're worried about is in the home and the parents are avoiding you and now the letter comes home, it could exacerbate the situation in the home. I mean, do you see that as a •• I've experienced it and that's why I'm asking about these things, because there's a hole I see right there.

**MS. MO:**

Well, that is always a possibility. However, if the school, in your instance in your capacity as a school person, if that report were generated by you and we could not see the parents, we would most certainly have been in touch with you to see if the child is at school and made a school contact and interview the child at home. Sometimes we knock on neighbor's doors to see what they know of the situation, that's more unusual than •• unusual rather than the usual practice.

Once that 24 hour contact is made, there is by law 60 days to make the initial determination. Within seven days of the receipt we have to complete a child safety assessment and this is something that is done by the caseworker which outlines the steps that he or she has taken to ensure that the assessment has been made, that the child is, in fact, safe. That is filed

electronically, it's in our connection system, and then from that point we have 60 days from the date of the receipt of the report to reach a determination.

If we feel that there is court activity that's warranted, we would be petitioning the court. We may either ask for emergency removal or we may feel that there is sufficient safety in allowing the child to remain in the home while we petition and wait for court activity.

We open a service case if we file a petition and in some cases the families voluntarily accept services without court activity. It moves on into what we call our service delivery system and then we have requirements in terms of the monthly contacts we have with families and we develop a service plan, a provision of services, we help families access those services and we monitor the progress of that family towards remediating whatever problems have been identified. In most of our cases we have court oversight.

**CHAIRMAN MYSTAL:**

I'm just going to implore everybody to try to make their question and answers very short because we're running out of time, it's past 1:30. I assure you this will not be the way this committee will conduct its business in the future, it's just today is an unusual day, we started out late, the previous meeting was long. And so I'm going to implore on the Legislators and also on the people who are answering the questions to try to be brief, short so we can move the agenda and make room for the next committee which was supposed to start about five minutes ago.

**LEG. EDDINGTON:**

All right, then I have •• I do have a list of follow•ups and I'm a little perturbed because I think this is a very pertinent issue to deal with and certainly timely, like the Commissioner said. But I would ask you then, what is the current caseload for workers?

**MS. MO:**

I believe as of ••

**LEG. EDDINGTON:**

Active caseload.

**MS. MO:**

Active caseloads?

**LEG. EDDINGTON:**

Yeah.

**MS. MO:**

The average in investigations is around 20 cases. I do want to further refine that in the sense that we're talking averages and obviously when we have trainees on board they may be carrying one to five reports for investigation and our more seasoned caseworkers, many of whom are sitting out in the audience today, are carrying the bulk of the work, 26, 30 or more reports. So, you know, the average is 20, but I think we have to look underneath those numbers and look at the quality of the cases that are involved.

**LEG. EDDINGTON:**

And the training for the caseworkers and the supervisors.

**MS. MO:**

I believe all of that is in your package, but I could quickly go through that and say that New York State mandates a certain amount of training and there's eight to ten weeks of residential training. On top of that, throughout the year, after their initial •• what we call core training, there are required training sessions that are sponsored by the State and then that's supplemented also by local training.

**LEG. EDDINGTON:**

Okay. Then the last thing I would say is are you comfortable with the services you're providing and the staffing that you have?

**MS. MO:**

Well, I think that ••

**LEG. EDDINGTON:**

It's like a dream list, if you had your dream and you were going to give it to me and I could give it to you, what would it be?



**LEG. ROMAINE:**

Not what they have.

**MS. MO:**

Well, there's never enough of anything, staffing, resources, I mean, you can always ask for more. I would say that we have been very fortunate. I think we've always as •• specifically in Family & Children, we have always received very solid support from the Legislature in terms of the work we do and the resources we need. I think we've done very well in utilizing those resources and we're very proud of our record. We could certainly do better. And am I comfortable with the current level of staffing? No, I'm not. Do I think we need additional staffing? Yes.

And I would put out to you that we need a consistent period of support. This cannot be just a reaction to what happens to a particular child, that some fatality hits the news and all of a sudden we're looking to see what we can do. We should have as a community and as government a long•term, steadfast commitment to protecting children.

**LEG. EDDINGTON:**

Well, I think you can validate that I know at least two of us gave you our list of concerns and questions before the incident took place in New York City, so I think you're going to •• at least I can say here you're going to have support because I'm going to be asking lots of questions to lots of people to define more where the holes are. So I appreciate your answers.

**COMMISSIONER DEMARZO:**

And we would welcome you coming in to the division to really see what goes on. You know. In the write•up that I presented to you to explain the different division and I have that chart that Vicki spoke about, so you can really see what they do. And we have had, you know, great workers and, you know, it's •• it's a difficult job. So please come visit us and let us give you an opportunity to show you what we do and how we do it.

**LEG. EDDINGTON:**

Thank you.

**MS. MO:**

I would just like to say one other thing because I may not have an opportunity again.

**CHAIRMAN MYSTAL:**

Oh, trust me, you will.

**MS. MO:**

But I think you should really take the long view, too, that it's not just staffing of caseworker positions. We work in an environment in which we need the support of many paraprofessionals, because if those positions are not filled, it is the caseworkers that have to fill the gap. And in a broader sense, we should look at the issue of family disfunction on a broader scale. In order for us to be successful, because we don't to yank every child out of a home, we want to really look at rehabilitation, that's our first mission, to make sure that children can remain safely in their own homes. We need to look at other systems and how they operate and what we resources they might also need in order to support our work. Thank you.

**LEG. EDDINGTON:**

Well, then I would just ask you, that's the list I would like to get and meet with you so that we can start working proactively together.

**CHAIRMAN MYSTAL:**

Okay. I just want to reassure the members of the committee and also the members of the audience that this is not the last we will see of Social Services. The way •• the policy of this committee will be that at every meeting there will be a presentation by some department, some division of departments at every committee meeting, we will start the meeting with that kind of a presentation, either from Social Services or the Health Department or a division of those two departments. So Ms. Mo, trust me, you will see more of us and we will see more of you, so don't feel bad. The next speaker is Legislator Stern had some questions.

**LEG. STERN:**

Yes, thank you, Mr. Chairman. Welcome, Commissioner DeMarzo, to you

and your team. Very briefly, you had stated that there were approximately 750 clients who are •• who are part of the client services division; correct, was that the number?

**COMMISSIONER DEMARZO:**

Part of the client services; you mean the Adult Protective Services?

**LEG. STERN:**

Yes.

**COMMISSIONER DEMARZO:**

Yes.

**LEG. STERN:**

Was it 750 that were strictly in the Adult Protective services portion of that?

**COMMISSIONER DEMARZO:**

Yes, that's the average monthly caseload of the number of adults that we actively manage their cases, correct. And we have 137 referrals each month, so some of them •• some of the individuals we are able to find other support systems for and each month we look at 137, so it's not a stagnant pop caseload, it does move.

**LEG. STERN:**

Sure. I was wondering maybe if you had an idea as to what kind of number or what kind of percentage of those clients, those that suffered from some type of elder abuse, whether it's physical abuse or financial exploitation.

**COMMISSIONER DEMARZO:**

I don't have that level of information, but that's something that we can work on really. You would like a profile of those 750 cases and the 137 referrals a month. What are we really seeing, are we seeing financial abuse, are we seeing physical abuse, are we seeing neglect? That is a profile I can get you of the population and I will forward that to all the members of the committee.

**LEG. STERN:**

Very good, I appreciate that. And just one more question. I was wondering if you or any member of your staff have been following what was going on down in Washington, the passage of the Deficit Reduction Act of 2005 and given any thought to what effect that might have on Medicaid services, delivery of services and what it would mean for not just Department of Social Services but for residents of Suffolk County?

**COMMISSIONER DEMARZO:**

Well, actually I wasn't following the Medicaid piece, I was following the Foster Care and CSEB piece until this morning when my Medicaid Director did point out to me that there were significant changes, especially in the long-term care. We're going to do a five year look-back instead of a three year look-back, there are some Medicaid copays that hadn't been there, there's a lot •• you know, there's some State discretion in this process. So I know it is has a significant impact on the Medicaid and we are just starting to look at it. One of the things we were first wondering was when does it all take effect; is this '06, is this '07, is it October? So we have just •• we know it passed yesterday, we know it's going to impact us, we don't know, you know, anything more than that cursory look.

**LEG. STERN:**

Okay, but something that we can certainly discuss perhaps at our next meeting.

**COMMISSIONER DEMARZO:**

Yes, we will start to look at it, we will call some of the Congressmen's offices and see what kind of briefing sheets they can provide us, because sometimes reading those Federal bills are difficult. We'll work on that for you, too.

**LEG. STERN:**

Very good. Thank you.

**CHAIRMAN MYSTAL:**

Legislator Kennedy.

**LEG. KENNEDY:**

Hi, Commissioner.

**COMMISSIONER DEMARZO:**

Good morning. Good afternoon.

**LEG. KENNEDY:**

Thank you for the responses. Actually, as you were speaking on some of the other stuff, I took an opportunity to read through most of it. I also had questions about APS, but Legislator Stern asked it.

I do •• I would like to have more of a discussion with your DCAP Unit and I do see that there are some cases that you elected not to go ahead and appeal; I would be very much interested in finding out why that is since appeal is a simple letter, as you know. Now, notwithstanding the fact that, you know, the Director's opinion may be that the case didn't necessarily have merit, I don't know that a 37cent stamp might not be the value to go ahead and try and take it to the next level. So I certainly would question that.

You did answer some of the questions I had as far as the investment that we have versus the return, it seems that it's pretty good, pretty high. And I guess, again, in the effort of time, I'll just defer, but I would like to follow •up with you somehow with whoever the Director is.

**COMMISSIONER DEMARZO:**

Yes, I would be more than happy to have you come in. It's the Disabled Clients Assistance Program, it's where we help individuals receive SSI, we help put their packages together and do applications. I also just tell you that Nassau•Suffolk Law Services receives a State grant to handle appeals, so we do send a lot of our appeals directly to Nassau•Suffolk Law Services because they have a 100% State grant for this. But I would ask you to come in, we have very good staff, we have a nurse who runs the unit, she's very dedicated and we work really hard, we drive them a lot of places. So please come in, I would love to set that meeting up for you.

**LEG. KENNEDY:**

You mentioned that, yes. And I would like to go ahead and follow up with



that conversation, not to •• Nassau•Suffolk does wonderful work in many areas, although I found on occasion •• I've had occasion where I represent clients who had previously been served by Nassau•Suffolk and in my opinion hadn't been served in such great fashion. So I'll be happy to go ahead and talk to you about it.

**COMMISSIONER DEMARZO:**

We'll work on setting that meeting up with your depart •• with your office.

**LEG. KENNEDY:**

Thank you.

**CHAIRMAN MYSTAL:**

Last but not least, Mr. Romaine. Legislator Romaine, the reason why you're last is because you had to step out of the room, everybody jumped ahead of you to ask questions so that's why your name came out least.

**LEG. ROMAINE:**

Well, Mr. Chairman, I have great respect for you. Last month, unfortunately the Commissioner could not attend, but Deputy Commissioner Hernandez was here, I asked a number of questions, but we were running late then so you said, "Put your questions in writing and we'll get them answered at the next meeting." We're running late now and I know how you like to keep things on time, so I will not expect answers at this meeting if the chairman will finally assure me that at our March meeting •• and I would recommend to the Presiding Officer, since he's sitting there, maybe this committee should meet more often. But I would ask at the March meeting if I can get these questions answered and have a give and take.

And I will just •• there were four simple questions which I won't ask you now but I will raise them at least publicly again. What was the total number of vacancies that occurred in the Department of Social Services in 2005? Which units were these vacancies in? What was the duration of these vacancies? Were there any vacancies that were partially or fully •• funded by State or Federal aid? Did any of these vacancies occur in these positions that were partially or fully funded by State or Federal aid? And did the •• was the department required to return any of these funds or did we actually

accept money for positions that we left vacant? And then the fourth question is what is •• what was the average length of backlog in 2005 •• not currently, but in 2005 in processing Medicaid applications for nursing home patients in Suffolk County.

And I will just end with this, Mr. Chairman, because you've asked me to be brief.

**COMMISSIONER DEMARZO:**

You know, I just want to say that we did receive your correspondence, there is written responses to those, we can discuss them at the next meeting.

**LEG. ROMAINÉ:**

Yeah, I haven't seen that written correspondence.

**COMMISSIONER DEMARZO:**

It's in the back •• you received a handout, in the back of the handout there is a package with the written responses.

**LEG. ROMAINÉ:**

Okay. I will engage in that discussion with the •• providing you put this on the agenda, I will postpone for the time and we will have that discussion in March, and you know where these questions are going and you know what my concerns are. Thank you.

**CHAIRMAN MYSTAL:**

Presiding Officer.

**LEG. LINDSAY:**

Just to clarify Legislator Romaine's request for additional meetings of this committee, it's up to this committee and the chair; if you want to schedule an additional meeting because your workload is so large, you certainly have that prerogative.

**CHAIRMAN MYSTAL:**

Read my lips.

**LEG. ROMAINE:**

No way.

**CHAIRMAN MYSTAL:**

Okay. Now, any more questions for Commissioner DeMarzo and her staff?

**COMMISSIONER DEMARZO:**

Thank you.

**CHAIRMAN MYSTAL:**

Thank you very, very much, Commissioner. And we will see you at the next meeting to answer some of the questions that Legislator Romaine has which I'm sure he'll probably receive in writing sooner or later.

We have some cards. Publicly I have to restate that Commissioner Brian Harper could not be here today because he is in Albany with a conference with the State Health Department. Legislator Romaine had asked me to make sure that he was here, he's not here. LEG. ROMAINE?

**LEG. ROMAINE:**

Yes, I understand that he cannot be here. I would appreciate, again, I had about ten questions for the Commissioner that I put in writing for him for this meeting. I understand he's not here, could you reschedule that for the March meeting? Could it be listed as an item on the agenda this time?

**CHAIRMAN MYSTAL:**

I will put it as an item on the agenda.

**LEG. ROMAINE:**

Again, it goes to the heart of all the things that I've raised.

**CHAIRMAN MYSTAL:**

I wanted to •• what I wanted to do, the last meeting I wanted to make it, you know, the Health Department day, today I wanted to make that the Social Services day of doing the overview for the benefit of the new Legislators and the old Legislators who are not so well aquatinted with this committee. We have done that the past two meetings, now we can proceed

later on and schedule different things on the agenda.

Mr. Presiding Officer?

**LEG. LINDSAY:**

Mr. Chairman, before we get to the public portion, I had asked a Mr. Stapelton; is he in the audience?

**CHAIRMAN MYSTAL:**

Yes. Mr. Stapelton had informed me that he will do his presentation on March 9th.

**P.O. LINDSAY:**

Wonderful.

**CHAIRMAN MYSTAL:**

But he also has a card on here, I don't know if he wants to speak or not, but I will call him.

**MS. ORTIZ:**

I think he had another engagement.

**CHAIRMAN MYSTAL:**

Had another engagement, he will do a presentation at the March 9th committee.

**P.O. LINDSAY:**

He came into my office to make a presentation about our EMS response in the County, it was very interesting and I had asked him to come to this committee to share those findings with everybody here. So ••

**CHAIRMAN MYSTAL:**

He will make a presentation on March 9th.

**P.O. LINDSAY:**

Wonderful. Thank you.

**CHAIRMAN MYSTAL:**

Thank you. The first card that I have is for Ms. Cheryl Felice, President of AME who wants to address us on some issue of concern.

**MS. FELICE:**

Do you mind if I sit?

**CHAIRMAN MYSTAL:**

Sit right at the table, you can bring anybody you want; I don't know if we have chairs.

**MS. FELICE:**

Thank you very much, Legislator Mystal and the members of the committee. I appreciate your patience today and I would also ask your indulgence that I be able to read into the record a report that was prepared by Lydia Sabasto, AME 1st Vice•President who is with me here at the table. Lydia is a caseworker from Family Services. She served in the capacity of 1st Vice•Precedent for almost three years, she was a Unit President before that, she holds an MSW and she's intimately aware of the crisis that is occurring right now in CPS and the Family Services Division.

We also, as I indicated to you, Legislator Mystal, we invited several of the Caseworkers and Senior Caseworkers here today so that you could see the faces behind the workers within that agency. And I have to say for their benefit, a number of them needed to go back to work because of the sensitivity of the cases they represent, but you saw the amount of people that were here today because of the situation at hand. For those that remain, they should know, too, that new Legislator Steve Stern is an elder attorney law, and Legislator Eddington is an MSW Social Worker himself, so I do believe, of course, with your track record in helping not only the workers but in the clientele that this agency represents, we have a very strong committee here and I appreciate the opportunity to speak with you today.

On behalf of the agency, I just want to say that we presented •• on behalf of the members, we presented a story to you today. And I will start out by



saying that when the family of a 36 pound, seven year old female child named Nixzmary Brown was first reported to the Administrative Children Services, it was not front page news. When the ACS workers were denied access to her home by felony murder•convicted stepfather, it was still not front page news. But when she was found dead in her home in Brooklyn on Wednesday, January 11th, it became the news event of the year. When this slain occurred, ACS was already under investigation for three recent deaths of children who's family had a history with the agency.

New York City Mayor Michael Bloomberg cowardly blamed the child welfare agency for failing to do their job, yet one week later announced his plan to put \$25 million into the City Child Welfare Program by adding more than 300 workers to the agency to reduce the escalating caseload and better coordinate protecting children. Maybe this death could have been prevented had the Mayor allotted monies to hire more staff previously; unfortunately it took the death of a child to provide caseworkers with the tools and assistance they need to protect the most vulnerable. Suffolk needs to learn from our neighbors in New York City before a tragedy occurs here as well.

One would say we are trying to be alarmists, but the facts tell a far different story and the media coverage itself has tripled calls to this agency that is already overwhelmed and already fragile. New York City has one of the lowest caseloads per worker in the entire State, according to the New York State statistics for Child Protection Service Workload. Suffolk County, on the other hand •• and listen to this •• Suffolk County, on the other hand, ranks the highest. However, we believe these statistics are even higher and more misleading because of the way these caseloads are determined. For example, court•ordered investigations with CPS reports already opened that involve custody battles, divorces and order of protections are not included in the Suffolk caseload counts. Secondary cases, courtesy visits for other teams and ancillary cases are not counted. Out of town inquiries and intestate compacts are also not included in these statistics, yet our caseworkers and their teams are responsible for the tender lives of the children that are involved in each case.

Statistics are also skewed when averaged into these numbers are caseworkers who do not carry a full caseload such as Caseworker Trainees

who do not get more than ten cases for the first six months and supervisors who have not yet assigned new cases. According the Child Welfare League of America, the recommended caseload for Child Protection workers in investigations is 12 cases per worker. A confidential source in the Department of Social Services confirmed that some of the County caseworkers have caseloads in investigations carrying up to 41 cases. In fact, it is extremely rare that Suffolk County caseworkers carry 20 cases or less. Suffolk County is, in most case, responsible for four to six times more cases than the recommended caseload. For CPS preventative services, the recommended caseload is 12 to 17. In the reports AME received from our members on the service teams, most caseworkers carry between 24 and 36. In order to meet the Child Welfare League of America standards, Suffolk County would •• I'm sorry, Suffolk County would need to hire approximately 60 caseworkers and 12 supervisors for investigations alone. Unfortunately we do not have the caseload report for Foster Care, but the recommended caseload according to the Welfare League is 12 to 15 children, not cases.

It wasn't long ago when a Grand Jury Report in 1995 cited Suffolk County with, and I quote, "The fact that there are not more disasters in Suffolk is a testament to the commitment of the individual workers trapped in a system destined to fail. The children of Suffolk County deserve better." That same Grand Jury report also recommended the following; that the Suffolk County Legislature must, by way of resolution, approve and provide funding for additional staffing at CPS including clerical workers as was indicated before and community service workers which would allow the supervisors and the caseworkers more time on each investigation. Providing funding for County cars for each CPS team in order to limit the use of personal vehicles used by the caseworkers and community service workers, thereby reducing their risk of liability.

Our report also indicates that CPS titles are 82% reimbursable and yet still there is a constant battle with filling positions. In 2002 there were only 64 caseworkers in investigations and 10 caseworkers in the sex abuse teams. In 2005 there were only 69 caseworkers in investigations and nine caseworkers in the sex abuse team. The intake section in the Child Protection Services works nonstop. This agency is abundant with dedicated, hard working AME members and these members want to do a good job. But

as the 1995 Grand Jury Report indicates, they are stuck in a system that is destined to fail unless you help.

Unfortunately the problem in CPS is even bigger. Turnover is extremely high due to worker burnout and an unmanageable system. The long-term caseworkers are then left to carry the workload where stress, anxiety and frustration grows each and every day. We need a permanent and a long-term commitment to sustain the support that is needed in CPS as it takes nine months for a new worker to complete their training and a year to become a full caseworker. We need immediate backfills for the positions in CPS that include caseworkers, supervisors, community service workers and clerical to complete the necessary paperwork.

As of January 12th, 2006, there were approximately 419 budgeted positions in the Family & Children Services administration. Not only does the agency need more than the 419 workers to do the job efficiently, nearly 10% of those budgeted positions remain vacant.

The Budget Review Office indicated in October of 2005 just this year, that DSS is at a five year low on filled positions. As caseloads increase, workers decrease. I point again to the 1995 Grand Jury Report and state, "The children of Suffolk County deserve better and so do their caseworkers."

Unless the Suffolk County Legislature rejects the County's philosophy of doing more with less, Suffolk will end up with one less child and blood on its hands. Please support a resolution that calls for immediate backfill on Family Services positions and fund them by adjusting the sales tax revenue projections in a manner consistent with the 2006 Budget Review Office Report. And that concludes my statement.

Thank you.

**LEG. ROMAINE:**

Mr. Chairman?

**CHAIRMAN MYSTAL:**

LEG. ROMAINE.

**LEG. ROMAINE:**

Yes. Good afternoon, Cheryl.

**MS. FELICE:**

Thank you.

**LEG. ROMAINE:**

I've read this report and I'm somewhat aware and that's why I raised questions at our last committee meeting about the number of vacancies that exist, budgeted vacancies that we have put money in the Operating Budget for which our taxpayers are being taxed that remain unfilled.

I got your cell phone message, I understand that you support, in concept, my bill that would create a procedure to fill budgeted vacancies in our budget that our taxpayers are currently being taxed for that would establish a procedure; I understand that you support that in concept, but let me ask you this. Does AME have a concrete proposal that they are willing to put forward that we could convert into legislation in terms of backfilling legitimately funded positions that we're being taxed for but not receiving the services of? Do you have a position that you could put forward? If you do, I'd be happy to withdraw my resolution and support yours. Would you, by next month, have a Legislative proposal that you could put before this body?

**MS. FELICE:**

Legislator Romaine, I appreciate the effort that you are making on behalf of the members and I read your resolution. And in •• with respect to that resolution and the crisis that is happening here in CPS right now, I believe the best avenue to take is to address the nature of this particular department since we already have Grand Jury testimony from five years ago indicating this is an area that calls for immediate backfill and I believe that is an area we should start in.

Although your resolution has extremely good merit, it may go a little too far in hampering the administration of the County and may not accomplish our ultimate goal. I think what we can do here is offer an alternative resolution

and call for immediate backfill in the area of CPS, not only with caseworkers but with their support staff and supervisors. And consistent with our request from the 2005 Budget analysis that we provided to this Legislature, do it by offsetting the sales tax projection which is consistent with the Budget Review Office recommendation, yet I would be prepared to go forward with that recommendation.

**LEG. ROMAINE:**

I await that. And I'm always, even with my current resolution which is IR 1070, prepared to work with the administration, to look at compromises. My concern is all of these positions are funded in the budget, all of the taxpayers are being taxed for it, yet the money is not being expended. I'd like to know what's happening to that money, I'd like to know where that money is going because if we're not expending it, maybe it should go back to the taxpayer. But clearly, I'd be happy to take a look at whatever resolution that you bring forward and try to be as supportive as possible. I understand the gravity of the situation you've brought to our attention and I appreciate that. Thank you very much.

**MS. FELICE:**

You're welcome. Thank you.

**CHAIRMAN MYSTAL:**

Legislator Eddington.

**LEG. EDDINGTON:**

Just one thing, briefly. I want the work that you've done; I want the research, I want to see the numbers. And I will say to you just like I said to the Commissioner, come up with a dream sheet, be specific in what you'd like and the people you need and the vehicles and all that kind of stuff, because if you're willing to do the research for me, I'm willing to accept it. And it's interesting because I hadn't spoken to you, but I'm happy to see that my sixth sense is still working adequately because I knew there was something, I knew it and you validated it. Thank you very much.

**MS. FELICE:**

You're welcome, Legislator Eddington. And actually, we have an invitation

on my desk going to you asking you to join us with a meeting of the caseworkers because of your background. We felt that it was important for us to communicate with you and your position on this committee as well.

My researcher is immediately to my left, Lydia Sabasto. There is no better advocate for the caseworker and the children of this County than Lydia and the people that she represents. So we would be more than happy to share our research and our findings with you.

**LEG. EDDINGTON:**

Thank you very much.

**MS. FELICE:**

You're welcome.

**CHAIRMAN MYSTAL:**

Legislator Kennedy.

**LEG. KENNEDY:**

Hi, Cheryl. How are you?

**MS. FELICE:**

Hello.

**LEG. KENNEDY:**

I am •• I recall talking about this, as a matter of fact, last fall when we had an opportunity to go ahead and speak out in Bohemia. It concerns me, as I said then, that a number of issues, I guess, get brought forward with this.

For one thing, I am troubled to try and reconcile between the presentation that we just had from the Commissioner where I believe there was an indication that there was a caseload of only 20 and what I see from you and from all the hard working people in here that in fact they carry in excess of 40 cases. So ••

**MS. FELICE:**

Well, I do believe the Director of Family Services did indicate that they could



carry up to 36 and more when they average it; that's really what we are pointing to you as being misleading, the average. I mean, everybody knows we can skew results with statistics, but if you're looking simply at the average, you're not looking at the total picture. There are cases ••

**LEG. KENNEDY:**

The reality that many of these people live day in and day out.

**MS. FELICE:**

The reality is, exactly, the lives that these people behind us live every day. And they go to work each day knowing of the cases that occurred in New York City and knowing of how those workers in New York City are being disciplined day in and day out because they are dealing with a system that's unmanageable. Their system, too, is unmanageable and in the God awful event that one of these cases falls through the cracks and a child dies, it's their hide on the line and through no fault of their own. It's the fault of the system that we have called attention to and we need to be on top of it right now because these workers come in early, work through their lunch, go home late. They took time out of their day, but you saw how many were here when the meeting was scheduled to begin, but how many left because they had to go back to work? They are willing to fight for themselves and take the time to speak with you and let you see who they are, but that dedication level is there like probably none other that you will ever see in this County, yet those who are so committed to the cause are here today to make sure that you keep those faces attached to the names and look at a system that is broken and needs desperate repair.

**LEG. KENNEDY:**

And again, I'll applaud you and I applaud them for going ahead and expressing by being here in person how strongly they feel and how strongly they're crying out for assistance.

I go to what Legislator Romaine said and certainly what Legislator Eddington said; 419 in this unit with a 10% vacancies, 41 vacancies right now. My question goes back to you, we have •• I have sat here for going on 15 months and heard dialogue about positions that remain unfilled; what does the administration say when you bring this issue to them? If it takes a year

from a new hire to the time where a person can step in and relieve a 40 child caseload, what does the administration say to you?

**MS. FELICE:**

The situation is such that we have brought the issue of SCIN forms to this body with the previous administration and with this current administration of the Legislature. We have asked for a task force to look at the personnel issues in filing •• in filling the vacancies and in the SCIN form process. We bring this to the attention and when we create noise and create an appearance before you, then we get some SCIN forms released.

**LEG. KENNEDY:**

Some.

**MS. FELICE:**

But the situation is such that there's no consistency. And with an agency as fragile as CPS, we need a consistent and a long•term solution to this problem. If the solution is putting a task force together again to look at the SCIN form process, then we should do that. At this point, we already have suggestion from a Grand Jury Report that was initiated in 1995 but never enforced. We're here today to say the caseloads are more than 1995, the type of cases are more horrendous than in 1995 and we have the mechanism to put in an immediate backfill for this particular at a start and let's see how that works. That's what we're here to advocate for today.

The department has been very supportive in getting those vacancies filled. I spoke with Mr. Zwirn today and he indicates that all the vacancies, SCIN forms for the vacancies in CPS are signed off on; I don't have that full commitment but I have his assurance that it is. But again, it takes constant dialogue. So we understand the rolls of government, we understand that the County Executive has his obligation and the Legislature has theirs, but in a situation right now as fragile as this and protecting a clientele that cannot protect themselves, it can no longer be left to administrative ease and we have to do something that's immediate and long•term.

**LEG. KENNEDY:**

Okay, thank you.

**CHAIRMAN MYSTAL:**

Back to Legislator Stern; go ahead, sir.

**LEG. STERN:**

Thank you, Mr. Chairman. Welcome, President Felice, good to see you and all the hard working men and women of your team that serve Suffolk County so well. Yeah, I'm glad you pointed out my background, I like to think that I have a pretty good idea and certainly an appreciation for the wonderful work that they do. My question is here you state that it takes about nine months for a new worker to complete their training, my question is do you know how many new workers are currently involved, if any, in that nine months of training.

**MS. FELICE:**

Presently at this point?

**LEG. STERN:**

How many are going through that process right now?

**MS. FELICE:**

Do we have that? We don't have that number at our fingertips, but perhaps the department that's here could answer that for you.

**LEG. STERN:**

Thank you. That's it.

**MS. FELICE:**

Okay, thank you.

**CHAIRMAN MYSTAL:**

Thank you. I have two observations. In defense of the people who do statistics like me, just to make something clear in defense of Ms. Mo, a 20 case average means half of the people have more than 20 cases per person and half of them have less; that's what it means. So I just want to clear that up. And the other thing I want to do, could all of the workers and the caseworkers and everybody else who works for the CPS please stand up? I

want to thank you.

### ***Applause***

This committee wants to thank you for the great work that you have done on behalf of this County. Thank you very much.

Okay, Ms. Felice, I have no questions for you. I tried to make it short but it's still running long.

#### **MS. FELICE:**

Thank you very much.

#### **CHAIRMAN MYSTAL:**

Thank you very much. The next card I have is for Mr. John DeLarosa, again, on Child Protective Services. Go ahead, sir.

#### **MR. DELAROSA:**

Good afternoon, Ladies and Gentlemen. My name is John DeLarosa, a Senior Caseworker for Suffolk County Child Protective Services, I will be in my ninth year in about seven days. I just came here today to give you a slight bird's eye view from a caseworker's point of view of the dilemma that we're running into.

I tried to make it as simple as possible. I understand that there's lots of numbers and statistics and many different factors that help you make your decisions, but I figured I would give it to you in the most standard way as possible. What I did was I created a comparison of our case flow in comparison to a standard business model. If you look at the top portion of the diagram I handed out, a typical manufacturing plant would run •• or a business would be running with sales in the front, preproduction in the middle, production in very middle and then distribution in the end. In comparison to our work, if you look on the second diagram that I drew, you notice that in the sales area I have 24 hour visits and field work; as you were made aware of today, 24 hour visits are the mandate that we have to assess a child's safety. After that is the emergency packages which could be anything from the need for an emergency order of protection or removal of a

child into Foster Care. Also involved in that time frame is the court work that's involved. There are many times where we're obligated to sit in court for days at a time which takes us away from our continuing work. And safety assessments which is the natural flow of every case.

It's in this front area that we suffer the bubble of impact and delay in our ability to maintain the caseloads the way we would like to. That's due sometimes to high intake saturation meaning that the teams get fully saturated with more cases per worker sometimes in the daytime where we're obligated in some cases to report to two 24 hour cases within a one day period.

The other problem is, again, staff shortage. As you notice, I put turnover; we do have a high employee turnover rate. Many of the caseworkers do go off to the Probation Department after they've become a caseworker, and then there's many trainees that just don't make it past a couple of weeks after they see the situations that they could be involved in. The other reason for staff shortages is the number of staff permitted, or in this case authorized to work, and we also have people that do suffer from medical leave and there are times when we have to go on vacation.

In the middle of my second diagram where •• which would fall under the production area is collateral contacts, follow•up visits and notes; that's the gist of our work right there in keeping up with everything, and a lot of the times that area gets delayed when it comes down to the front portion of this system which, again, trickles into a small level of determinations which is the final end. The small level of determinations is best represented by the high number of overdue cases that can be found in the statistics and the fact that we still continually get backed up; the more we get backed up the higher the overdues.

Our administration routinely works with tools and they're trying to provide the best possible management system that we have to coordinate and try and take away and burst that front bubble that we go through. We have a rolling intake project which means that they take jurisdictions from one team and move it to another team to hopefully load •• unload the case

intake for a team for a little while so that they can get caught up. We also have what's called grounding which means that a caseworker gets technically pulled from the field so that they can get themselves caught up. We have a retiree project which in the business case would be considered an outsourcing style where we have people that come in and assist us that were retirees, and we also have overtime which is technically manpower but, again, that's also a budgeted tool that only has its limitations.

The way the intake is rising, I believe that it's going to take away the power of administration and make their tools less than effective than what they already have and it's taking their ability to be able to control it as well as ours. But if we look at it in the common sense way of the business, if we took our dilemma and put it into the standard business model, the CEO of that business would probably be quite happy and excited because at that point he would say to himself "Well, gee, I got this front end here, I'm not really being able to meet the demand of my product." And his goal, just like the goal of any other businessman, is to expand, and that is exactly what I believe and I believe what everyone else is telling you needs to be done to this system to try and help us more effectively control the populations that we're dealing with.

So on behalf of the caseworkers, I'm asking that •• we ask you to please use your power to make effective decisions to help the staff and my administration to strengthen the system so that we can further prevent potential tragedies and the risk of harm to the well•being of the children of Suffolk County.

**CHAIRMAN MYSTAL:**

Thank you. There are no questions, I just want to make one observation for you. As an economic student and having done business models, there's only one flaw in your comparison between the business and the caseworkers. The business usually has a revenue stream that dictates expansion or retraction; we don't have that, what we have is taxpayer base ••

**MR. DELAROSA:**

I understand that.



**CHAIRMAN MYSTAL:**

•• that we have to go to ask them for the money. So the product that we are putting out, although a very good product that we are putting out, does not bring revenue that we can expand that easily because we depend on the ability of the taxpayers to fund this program. And you know, that's •• I think the analogy is very well taken. Thank you very much, Mr. DeLarosa.

**MR. DELAROSA:**

Thanks.

**CHAIRMAN MYSTAL:**

The last card that we have is from Ms. Diane Schmidt who wants to speak on Public Health Nurses.

**MS. SCHMIDT:**

Hi.

**CHAIRMAN MYSTAL:**

Hi. Before you start, let me apprise you of something. At our next committee meeting on March 9th there will be a presentation by •• sit down •• by both the Public Health Nurses component and also by the Department of Health in terms of the Public Health Nurses, so just keep that in mind.

**MS. SCHMIDT:**

Okay. I was •• I just understood that just a little while ago, that we are on the agenda. I was told that, that we will be on the agenda for the March meeting, but I was very concerned.

I am a Registered Nurse in the Public Health Nursing Division and I have been a registered nurse for 25 years come March working in that division. And I'm here today because I'm concerned about the •• where Public Health Nursing will go, I'm afraid that it's not going to be existing anymore. My immediate concern is that we're losing nurses. When we lose nurses we can't do the vital roles that we do, we go out to do mother/babies, we go out, we educate the population, you know, in their health care. We are 85% reimbursable in our visits, we bill for most of our visits. We have an AIDS Long•Term Care Program and a Long•Term Care Program that we are 100%

reimbursable. We touch every •• almost every community in Suffolk County and I hear that Public Health Nursing may be gone.

We have just •• we lost three Public Health positions last year. Just since January of '06 we have lost another Public Health position and that position has gone to Suffolk Health Plan. I know that we did hire five new PHN positions last year, but it takes at least six months for those nurse to get educated and come and be involved in, you know, the home visits. And we only do home visits, we work very closely with all the other agencies of Suffolk County. We go into Child Protective Services, we go in to Adult Protective Services where they may not get into the home. These parents, these people, they want public health nurses to come in to their home because we are helping them with a task, we're educating them towards their medication and the care of their infant, things like that.

So where we had five new PHN's come in last year, we lost five. We lost one to Bio•Terrorism in January, she had left our •• and I understand that there's three more positions being created in Bio•Terrorism and they routinely •• well, they've slotted it to be a promotional position for a Public Health Nurse I and they come to our department to see, you know, who they can take. If we keep losing the nurses in our department, our department's not going to exist.

And I am very, very proud to be a Public Health Nurse, I have been here for 25 years, I do a worth while •• I'm worth while in the community and the community also feels that way also. Today I ask you if you can at least try to retitle those three Bio•Terrorism positions where they're not for Public Health Nurse I's to go. Make the three open positions for Suffolk Health Plan Registered Nurse positions because that is a lower grade, where Public Health Nurses are not leaving my department and going somewhere else.

Our productivity falls when we lose all those people and then we have to retrain and reeducate. And we just recently went on to a new computer system last year, so that is causing, you know, a lull in the productivity. But I must tell you that a Public Health Nurse is not just a nurse that works in the clinic or in Family Planning or methadone, every door we open we are a specialty nurse. We go in to NICU babies discharged from the hospital, we

go in to geriatrics and dying patients in the home. We have AIDS long-term care children. We have a child who was diagnosed from Stony Brook at age two with full-blown AIDS, he is now 18 years old in our AIDS Long-Term Care; he's vital in his community, he works. You know, I just think the loss of this program would be terrible.

**CHAIRMAN MYSTAL:**

Thank you very much. I am going to indulge Legislator Romaine for one question because I'm trying to wrap this committee up. Go ahead, sir.

**LEG. ROMAINE:**

First of all, thank you for your courage in appearing here. And I think I would speak for all my colleagues that we would look dimly on any administrative action that would negatively effect you for your appearance today.

**MR. ZWIRN:**

That's outrageous. That's outrageous to make that kind of statement.

**CHAIRMAN MYSTAL:**

Legislator Romaine, there's no need to make those kind of threats here because nobody has ever threatened a County employee in any way, shape or form in my 18 years of being behind here. So there's no need to go do that, no need to go to that.

**LEG. ROMAINE:**

I ..

**CHAIRMAN MYSTAL:**

We have a very good County and very good County employees.

**LEG. ROMAINE:**

I'm glad to hear that.

**CHAIRMAN MYSTAL:**

Please don't inject some silly thing.

**LEG. ROMAINE:**

I understand that you're one of the three Public Health Nurses that are assigned to the east end of Suffolk County.

**MS. SCHMIDT:**

Yes, I am.

**LEG. ROMAINE:**

Do you have to turn down any requests from anywhere on the east end including Shelter Island?

**MS. SCHMIDT:**

We do not service Shelter Island anymore, simply because we don't have the nurses to go out and do this. And over the 25 years we have serviced the entire Suffolk County, but within the past I would say two years we do not service Shelter Island.

One of the nurses in December went to Family Planning, and when that happened we could not take four very vital referrals, patients that were just discharged from the hospital. And so we had to see if there were any other home health agencies out there that could do this and all four referrals were denied from other home health aide agencies, either they don't go in to the areas that we go into or they don't accept the insurance that we take or they don't work with the mother to get the child, the newborn on to insurance. I just recently had a mother/baby, a new mom discharged from Southside Hospital to my area, the mother had private insurance, the infant did not. I went in there the next day, the mother tells me that the infant's breathing changed, early morning; I see the infant and he's retracting, he's in respiratory distress. He goes to Brookhaven, Brookhaven sends him to Stony Brook, he was in Stony Brook NICU for over two•and•a•half weeks, he's home on multiple medications, we are ••

**CHAIRMAN MYSTAL:**

Ms. Schmidt, I don't mean to stop you. Your anecdotes are heart wrenching and I'm sure everybody feels about them. As I said before, we are going to have a presentation made by both sides, the Public Health Nurses at the next committee meeting and also by the Department of Health on that

question.

**LEG. ROMAINE:**

A quick point of clarification, very quick.

**CHAIRMAN MYSTAL:**

Yes, sir.

**LEG. ROMAINE:**

Right now there's budgeted I believe 38 Public Health Nurses, 20 are vacant. You indicated that about 85% of the funding is reimbursable for those positions.

**MS. SCHMIDT:**

Yes, yes.

**LEG. ROMAINE:**

Thank you.

**CHAIRMAN MYSTAL:**

Okay. Thank you very much, Ms. Schmidt.

**MS. SCHMIDT:**

Thank you.

**CHAIRMAN MYSTAL:**

I'm trying to move •• we have •• I'm sorry I'm trying to rush everybody because we have •• we're way behind time, there are two committees who were supposed to be here, one at 1:30 and one at 2:30 and obviously they're not here because we're still here.

### **Tabled Resolutions**

We only have two agenda items on our committee and both of them •• resolution 11 •• **1055•06 • To supplement existing HEAP Program to benefit a wider range of Suffolk Residents.** I make a motion to table until the next cycle, right, right, because you're still working on that, Mr.

Alden?

**MR. ZWIRN:**

No, it's ready to go.

**LEG. ALDEN:**

You want it tabled?

**MR. ZWIRN:**

No, it's ready to go.

**LEG. ALDEN:**

It's ready to go I thought.

**CHAIRMAN MYSTAL:**

It's ready to go?

**MR. ZWIRN:**

As far as the County Executive, I know that Legislator Alden worked with the Health ••

**LEG. ALDEN:**

And the Health Department is ready to go with it.

**CHAIRMAN MYSTAL:**

Okay, because the last information I had was that •• you're ready to approve?

**LEG. ALDEN:**

Yes.

**CHAIRMAN MYSTAL:**

Okay. Motion to approve.

**LEG. EDDINGTON:**

Second.



**CHAIRMAN MYSTAL:**

Second by Legislator Eddington. All in favor? Opposed? Abstentions?

***Motion carries (VOTE: 5•0•0•0).***

**MR. ZWIRN:**

We would just like to •• the County Executive's Office would like to thank Legislator Alden and Social Services Commissioner DeMarzo for working on a good bill. We've had a mild winter so far, but that money will be available for people who are •• when this bill started we didn't know what the temperature was going to be all winter long, we still have one bad month ahead of us maybe of February, but it's a good bill and we appreciate Legislator Alden's initiative here.

**LEG. ALDEN:**

Thank you.

**CHAIRMAN MYSTAL:**

Thank you.

### **Introductory Resolutions**

The next resolution, Introductory Resolution ***1142•06 • A Local Law establishing Suffolk County Citizens Public Health Protection Policy by requiring retail display of public warning notices regarding pesticides.*** That's the bill that we have with the lawn signs. It has to be tabled pending a public hearing. I'll make a motion.

**LEG. STERN:**

Second.

**CHAIRMAN MYSTAL:**

Seconded by Legislator Stern. All in favor? Opposed? Abstentions? Motion carries.

Motion to adjourn.

**LEG. STERN:**

Motion.

**CHAIRMAN MYSTAL:**

Seconded by Legislator Eddington. Motion carried. We're out of here, folks.

***(\*The meeting was adjourned at 2:27 P.M.\*)***

***Legislator Elie Mystal, Chairman  
Health & Human Services Committee***

\\_ \\_ • ***Denotes Spelled Phonetically***